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CONFIRMATION NO. 3290

<b>SERIAL NUMBER</b> 10/663,586	<b>FILING OR 371(c) DATE</b> 09/16/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 8256MC
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/957,392 09/20/2001 ABN which claims benefit of 60/235,011 09/25/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/09/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>AS</i>	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
27752

**TITLE**  
MRI image enhancement compositions

<b>FILING FEE RECEIVED</b> 804	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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